

Nevada's Priorities  
from the  
2005 White House Conference on Aging

**In** the decade from 1990 - 2000, Nevada ranked first among states nationwide in the percentage increase of its population age 65 and older with a 72% increase. During that same time, the number of people 85 and older grew by 128%. Because the rate of change has not diminished in the five years since the last census, Nevada is working to solve the challenges it faces with such a rapidly growing aging population.

In 2003 the Nevada Legislature adopted the Nevada Strategic Plan for Senior Services, a la-year plan. This plan lays the foundation for preparing for the needs of Nevada's growing senior population. The Strategic Plan calls for a strong and compelling course of action that will: increase the health and independence of all Nevada seniors and those who care for them; distinguish Nevada as a leader in effective long-term care policy; create preferred home and community based service options for elderly Nevadans; and save the state needless expenditures for chronic care institutional services. Within the plan the overarching strategies, target areas, target area strategies, and action steps provide a road map for action that will result in the best possible outcomes for Nevada seniors.

In preparation for the White House Conference on Aging (WHCoA) Nevada held two official Solutions Forums at each end of the state to reach as many seniors, senior organizations, senior service providers, and Baby Boomers as possible. In addition, several pre-conference listening sessions were held in various locations in preparation for the solutions forums.

The parallels between the top 10 resolutions from the WHCoA, the strategies in Nevada's Strategic Plan, and the solutions that came out of the two Nevada Solutions Forums are obvious. All of the top 10 WHCoA resolutions are important to Nevada with steps currently being taken or plans being put in place to move these resolutions forward within the next ten years.

Outlined below are the actions that are currently taking place within Nevada with regards to the WHCoA resolutions followed by what actions Nevada can set in motion in order to meet the needs of the growing senior population. In reviewing the 10. WHCoA resolutions it is apparent that several of the resolutions overlap and thus some have been grouped within this report.

WHCoA Resolution Ranked #    - *Reauthorize the Older Americans Act.*

Due to Nevada's rapidly growing senior population there is a need to provide a substantial increase in Older Americans Act funding. State Units on Aging, Area Agencies on Aging and Title VI Native Americans need to prepare for the aging of baby boomers. The OM needs to be reauthorized to include funding for caregivers, Native American specific provisions, and Aging & Disability Resource Centers. In addition, States should have increased flexibility in administering OM programs without sacrificing the safety net that these programs provide. Although many of these programs

target low-income seniors, other programs should continue to be available to all seniors such as information and referral and protective services including the ombudsman and elder protective service programs.

- II. WHCoA Resolutions Ranked # 2, 4, 7, 10 - *Develop comprehensive long-term care strategy,. Strengthen Medicaid,. Promote innovative models of non-institutional LTC,. Improve state and local based integrated delivery systems.*

Currently, Nevada has been working on an integrated statewide access system recognizing the need to provide information on available services for seniors, coordinate services throughout the aging network and avoid duplication of services. Several components of this system are currently being developed and implemented including the NY Care Connection, the establishment of Aging and Disability Resource Centers and the newly activated 2-1-1 system.

Nevada considers its Medication Management Program a "best practice," which should be expanded. This program uses the services of Certified Geriatric Pharmacists for medication reviews and trains healthcare providers on the specifics of inappropriate prescribing of prescription and over-the-counter drugs to seniors. This program has identified inappropriate utilization of medications including improper dosages for aged persons, duplication of drugs and serious drug interactions between prescribed and/or over the counter medications.

Future Actions Nevada can take towards the resolutions:

- 1) Shift to Community Based Care - Nevada has already begun to make a fundamental shift in public policy to a community-based system of care instead of the institutionally biased system that currently exists. Nevada will continue to expand community-based services. (From Strategic Plan for Senior Services and Nevada Solutions Forums)
- 2) Affordable Drugs and Medical Care - Develop a comprehensive approach to controlling costs, simplifying paperwork and excessively complex coverage such as the new Medicare Part D, negotiating bulk purchasing prices on medications and other tactics to reduce the cost of health care and provide affordable drugs to the nation's seniors. The federal government must work with the states on these issues. (From Nevada Solutions Forums)
- 3) Team Care Management- Enhance Assessment Services by utilizing a multi-disciplinary team approach.
  - a. Geriatric Resource Team (doctor, nurse, social worker)
  - b. Medication Management
  - c. Consumer directed services
- 4) Advanced Chronic Illness Management Demonstration
  - a. Multi-disciplinary
  - b. Community-based
  - c. Consumer directed

- d. Flexible services
- e. Evaluative - Evidence-based

III. **WHCoA Resolution Ranked # 3 - *Ensure That Older Americans Have Transportation Options to Retain their Mobility and Independence.***

The need exists to increase public and community transportation investment and include statutory language in the OAA that increases funding support of the aging network to promote senior mobility. We must encourage better coordination among public and private transportation providers. In addition, we should require public transportation organizations and local governments to participate in disaster preparedness for planning evacuation of seniors without transportation through funding by Department of Homeland Security.

IV **WHCoA Resolutions ranked # 6, 9 - *Support Geriatric Education and Training for all healthcare professionals, paraprofessionals, Attain adequate numbers of healthcare personnel specializing in geriatrics.***

It has become particularly clear in a state like Nevada that we must take immediate action to provide for the healthcare workforce to meet the needs of the state's rapidly growing senior population. These two resolutions address the dire need for a growing pool of healthcare professionals, paraprofessionals, students, and direct care workers who are educated and skilled in the fields of geriatrics and gerontology. The labor needs in these areas are currently at crisis stages, and we have a responsibility to find the means to encourage young Nevadans to pursue healthcare careers in these fields.

One activity currently occurring within Nevada towards these resolutions is the Immersion Program to encourage careers in gerontology and geriatrics. This program links medical residents and students in high school, college, or medical school with community-based senior living and long-term care providers/facilities to foster interpersonal learning with an emphasis on maximizing independent living and lowest cost settings for seniors. It utilizes internships that provide live-in opportunities for medical students or residents in senior living and long-term care facilities, externships that provide real-life research opportunities between seniors and students or medical residents, and develops incentives such as scholarships and research grants to provide stipends to students who participate.

Work is underway in a number of areas to encourage careers in gerontology and geriatrics, including two educational proposals currently under consideration within the state:

Development of a Department of Geriatrics and Interdisciplinary Health Sciences within the University of Nevada School of Medicine. This department would foster interdisciplinary approaches incorporating basic, social, biomedical, and clinical disciplines including nursing, social work, nurse case managers, financial counselors,

physicians and more. If established, it would be one of only five similar departments in the country.

Establishment of positions for medical residents in geriatrics at area hospitals.

However, this is not enough. I propose that we work with healthcare associations, licensing boards and possibly the Nevada Legislature to develop continuing education programming as a requirement for practicing healthcare professionals who have a patient population of more than 50% elders. I would also like to see the schools and colleges within the Nevada System of Higher Education (NSHE) develop educational tracts or courses specific to aging, especially in nursing, social work, public health, psychology and mental health.

In addition, we cannot leave out the tremendous need for training and certification of paraprofessionals and direct care workers, something that is lacking not only in Nevada but also throughout the country. We expect the need for these types of workers to grow exponentially as the Baby Boomers age.

Future Actions Nevada can take towards the resolutions:

- 1) Mandate that Schools and Colleges within the NSHE develop tracts in aging (esp., Social Work, Nursing, Public Health, Psychology and Mental Health)
- 2) Mandate continuing education units and continuing medical education units for all NV practicing healthcare professionals who serve a greater than 50% elder population.
- 3) Enhance and expand paraprofessional, direct care worker training.. (e.g., guardianship training/certification)

V. WHCoA Resolution ranked #8 - *Improve recognition, assessment and treatment of mental illness and depression among Older Americans.*

During the 2005 Nevada Legislative Session the budget was increased significantly with the Division of Mental Health and Developmental Services in order to increase the availability to mental health services for Nevadans. In addition, a statewide Suicide Prevention Coordinator was funded to address the issues of suicide as Nevada has one of the highest suicide rates in the nation.

Lastly, I wish to share several "best practices" utilized and promoted in Nevada, which were highlighted at the Nevada Solutions Forums, although these do not fall within any of the top 10 resolutions of the WHCoA.

- 1) Special Advocates for Elders (SAFE) relates to resolution #15 Elder Justice. The SAFE program receives funding from the Division for Aging Services through Independent Living Grants. SAFE volunteers advocate for the most vulnerable seniors in our community - those who are facing guardianship and those who have lost all of their rights for making their own choices.

- 2) Silver Sky Affordable Assisted Living relates to resolution #16 Affordable housing. The 90-unit complex is a pilot program created through the Clark County Public Lands and Natural Resources Act of 2002, which authorized the BLM to transfer land to the city of Las Vegas solely to create additional affordable housing. The development is sponsored by the Nevada Model Assisted Living Advisory Committee (MALAC), which is made up of public and private representatives of the Nevada long-term care community, including the state Divisions for Aging, Health Care Financing and Policy, State Housing Division, the City of Las Vegas, American Association for Retired People, Fannie Mae Nevada Partnership Office, Harrah's Entertainment, Nevada H.A.N.D., and the University of Nevada Cooperative Extension. Silver Sky will be the first of its kind in the State, combining the tools of affordable housing financing with service reimbursement under Medicaid in order to deliver high quality and individually tailored home-based services to Nevada seniors.

In conclusion, it is important to note that the delegates' decisions about the top resolutions were well thought out and should be heeded by policymakers. I also understand that a number of innovative approaches were outlined in the implementation sessions during the conference. It would be beneficial to share the information from these sessions with state leaders as we move towards molding our aging policies and practices within our individual states. I also suggest that the final report include the Implementation Strategies developed by delegates. Lastly, the final report to Congress should be comprehensive and thorough and should include a plan for sustaining the momentum and visibility of the conference, as well as for implementing the resolutions identified by the delegates.